

February 27, 2004

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Our Reference: 10545-7

## INFORMATION DISCLOSURE STATEMENT

The Commissioner of Patents  
& Trademarks  
Washington, D.C.  
20231 U.S.A.

Dear Sir:

**Re: United States Patent Application Serial No. 10/645,572**  
**For: ACOUSTIC COUPLER FOR MEDICAL IMAGING...**  
**Applicant: Dr. John Murkin**

In accordance with 37 CFR 1.97 and 1.98, and in recognition of the duty of disclosure set forth in 37 CFR 1.56, applicant hereby submits an Information Disclosure Statement including (1) a listing of patents and other publications of which applicant is aware on form PTO-1449 and (2) a copy of each listed item.

Since all the enclosures are in English an explanation of relevance is neither required nor provided.

In accordance with the requirements of 1.97(b)(1) and (3), this Information Disclosure Statement is filed within three months of the filing date of the Application or before the mailing of the first Office Action on the merits, whichever event occurs last.

Please deduct any additional fees which may be required or remit any excess fees, to our deposit account no. 02-2095.

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In view of the forgoing, it is respectfully submitted that the Information Disclosure Statement should be considered at this time by the Examiner.

Respectfully submitted,



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Victor Krichker  
Registration No. 50,198  
MB/np  
Encl.



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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

7

Application Number

10/645,572

Filing Date

August 22, 2003

First Named Inventor

MURKIN

Art Unit

3736

Examiner Name

Not yet assigned

Attorney Docket Number

10545-7

**ENCLOSURES (check all that apply)**

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Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Victor Krichker Registration No. 50,198 BERESKIN & PARR
Signature	
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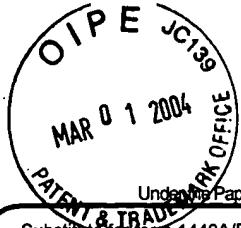
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PTO/SB/08a (05-03)

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Substitute for Form 1449A/PTO				Complete if Known	
				Application Number	10/645,572
				Filing Date	August 22, 2003
				First Named Inventor	Murkin
				Art Unit	
				Examiner Name	
Sheet	1	of	3	Attorney Docket Number	10545-7

U.S. PATENT DOCUMENTS					
Examiner Initials *	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code <sup>2</sup> (if known)			

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	1	MILLS. Risk factors for cerebral injury and cardiac surgery. Ann Thorac Surg 59: 1296-9; 1995.			
	2	MURKIN, MARTZKE, BUCHAN, BENTLEY, and WONG. A randomized study of the influence of perfusion technique and pH management strategy in 316 patients undergoing coronary artery bypass surgery. Neurologic and cognitive outcomes. J Thorac Cardiovasc Surg. 110:349-62; 1995			
	3	BLAUTH, COSGROVE, WEBB, RATLIFF, BOYLAN, PIEDMONTE, LYCLE, LOOP. Atheroembolism from the ascending aorta. J Thorac Cardiovasc Surg. 103:1104-12, 1992.			
	4	TUMAN, MCCARTHY, NAJAH, IVANKOVICH. Differential effects of advanced age on neurologic and cardiac risks of coronary artery operations. J Thorac Cardiovasc Surg. 104:1510-7, 1992.			
	5	HOSODA, WATANABE M., HIROOKA, OHSE, TANAKA, WATANABE T. Significance of atherosclerotic changes of the ascending aorta during coronary bypass surgery with intraoperative detection by echocardiography. J Cardiovasc Surg. 32:301-6, 1991.			
	6	DAVILA-ROMAN, BARZILAI, WAREING, MURPHY, SCHECHTMAN, KOUCHOUKOS. Atherosclerosis of the ascending aorta. Stroke 25:2010-16, 1994.			
	7	BARZILAI, MARSCHALL Jr., SAFFITZ, KOUCHOUKOS. Avoidance of embolic complications by ultrasonic characterization of the ascending aorta. Circulation. 80(suppl I):I-275-79, 1989.			

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	8	MARSHALL, BARZILAI, KOUCHOUKOST, SAFFITZ. Intraoperative ultrasonic imaging of the ascending aorta. Ann Thor Surg. 48:339-44, 1989.			
	9	KATZ, TUNICK, RUSINEK, et al. Protruding aortic atheromas predict stroke in elderly patients undergoing cardiopulmonary bypass: experience with intraoperative transesophageal echocardiography. J Am Coll Cardiol 20:70-7, 1992.			
	10	LANDYMORE, KINLEY. Classification and management of the diseased ascending aorta during cardiopulmonary bypass. J Thorac Cardiovasc Surg. 85:639-40, 1983.			
	11	WAREING, DAVILA-ROMAN, BARZILAI, MURPHY, KOUCHOUKOS. Management of the severely atherosclerotic ascending aorta during cardiac operations. J Thorac Cardiovasc Surg. 103:453-62, 1992.			
	12	SEWARD, KHANDHERIA, TAJIK. Wide-field transesophageal echocardiographic tomography: Feasibility Study. Mayo Clin Proc. 65:31-37.			
	13	KONSTADT, REICH, QUINTANA, LEVY. The ascending aorta: how much does transesophageal echocardiography see? Anesth Analg. 78:240-244, 1994.			

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	14	SYLVARIS et al. The intraoperative assessment of ascending aortic atheroma: Epiaortic imaging is superior to both transesophageal echocardiography and direct palpitation. J Cardiothorac Vasc Anesth 11:704-7, 1997.			
	15	KANCHUGER, TISSOT, GROSSI, ARMSTRONG, MARSCHALL. Epiaortic ultrasonography is superior to biplane transesophageal echocardiography or surgical palpitation in detecting ascending aortic atherosclerosis. Abstract A110. Anesthesiology V81, No 3A, Sept 1994.			
	16	OHTEKI, ITOH, NATSUAKI, MINATO, SUDA. Intraoperative ultrasonic imaging of the ascending aorta in ischemic heart disease. Ann Thorac Surg. 50:539-42, 1990.			
	17	DAVILA-ROMAN, BARZILAI, WAREING, MURPHY, KOUCHOUKOS. Intraoperative ultrasonographic evaluation of the ascending aorta in 100 consecutive patients undergoing cardiac surgery. Circulation 84:suppl 3:47-53, 1991.			
	18	KARALIS, QINN, TOSS. Transesophageal echocardiography identifies patients at high risk of arterial embolism during invasive aortic procedures. J Am Coll Cardiol. 19:280a, 1992.			

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